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## \*BIBDATASHEET\*

CONFIRMATION NO. 3207

Bib Data Sheet

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>09/658,209 | FILING DATE<br>09/08/2000<br><br>RULE | CLASS<br>709 | GROUP ART UNIT<br>2157 | ATTORNEY<br>DOCKET NO.<br>HERO-1-1094 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Yes* *AS*

This application is a CIP of 09/300,856 04/28/1999 PAT 6,368,273  
 which is a DIV of 08/946,341 10/07/1997 PAT 5,997,476  
 which is a CIP of 08/847,009 04/30/1997 PAT 5,897,493  
 and claims benefit of 60/041,746 03/28/1997  
 and claims benefit of 60/041,751 03/28/1997

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No* *AS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 10/23/2000

|                                                             |                                                                                                                                                                                         |                           |                         |                       |                            |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>19 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>[Signature]</i> Initials <i>AS</i>                                                                                                                              |                           |                         |                       |                            |

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## TITLE

NETWORKED SYSTEM FOR INTERACTIVE COMMUNICATION AND REMOTE MONITORING OF  
 INDIVIDUALS

☐ All Fees  
☐ 1.16 Fees ( Filing )

|                                               |                                                                                                                                  |                                                                                                                                                                                                              |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>FILING FEE</p> <p>RECEIVED</p> <p>2596</p> | <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p> | <p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p> |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|